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SEP 08 2004

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**ATTN.** Wei Y. Zhen

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**Fax Number** 1 703 872 9306

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**Fax Number** (512) 306-0240

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**SUBJECT** Response to Office Action (09/964,998)

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**Number of Pages** 15

**Date** 9/8/2004

**MESSAGE**

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This fax transmission includes:

1. one copy of a Transmittal Form;
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3. one copy of the Response.

Volel

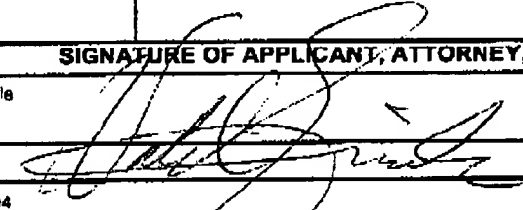
PTO/SB/21 (02-04)

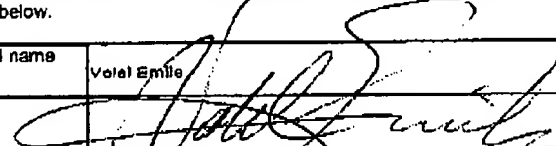
Approved for use through 07/31/2008. OMB 0861-0031

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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/084,988
	Filing Date	09/27/2001
	First Named Inventor	Abdelhadi et al.
	Art Unit	2122
	Examiner Name	Wei Y. Zhen
Total Number of Pages In This Submission	Attorney Docket Number	AUS920010904US1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.62 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Volel Emile	
Signature		
Date	09/08/2004	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	Volel Emile	
Signature		Date
		09/08/2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DOCKET NUMBER: AUS920010904US1

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In re: Application of: :  
 Abdelhadi et al. : Before the Examiner:  
 : Wei Y. Zhen  
 Serial No: 09/964,998 :  
 : Group Art Unit: 2122  
 Filed: 09/27/2001 :  
 : Confirmation No.: 2722  
 Title: APPARATUS AND METHOD OF :  
 PROVIDING COMMON DISTRIBUTED :  
 SERVICES FOR SYSTEM MANAGEMENT :  
 APPLICATIONS ACROSS HETEROGENEOUS :  
 ENVIRONMENTS :

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified Application.

☒ No additional fee is required  
 The fee has been calculated as shown below:

	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Addit. Fee
Total	20	MINUS	20	=	0	x 18 =	\$ 0.00
Indep.	4	MINUS	4	=	0	x 86 =	\$ 0.00
1st Presentation of Multiple Dep. Claim						x 290 =	\$ 0
TOTAL							\$ 0.00

☐ Please charge my Deposit Account No. 09-0447 in the amount of \$ 0.00.  
 A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0447. A duplicate copy of this sheet is enclosed.

☐ Any additional fees required under 37 CFR §1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 CFR §1.17.

Respectfully submitted,

By: 

Volel Emile  
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 (512) 306-7969